|                                          |                                                                                                              | ve Octob                  |                                                                       | 1                                                   |                                        |          | <del>-</del>                                                                      | To detect       |                      |                                                                             | N. Carlo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------|----------|-----------------------------------------------------------------------------------|-----------------|----------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 110                                      | CLAIMS AS                                                                                                    | the first and the same of |                                                                       |                                                     | mn 2)                                  |          | SMALL EN<br>TYPE                                                                  |                 |                      | OTHER<br>SMALL                                                              | 7.1. C. 1. C |
| OTAL CLAIMS                              | hidayaite saction                                                                                            |                           |                                                                       |                                                     |                                        |          | RATE                                                                              | FEE             |                      | RATE                                                                        | FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| OR                                       | en kander in                                                                                                 | NUMBER                    | FILED 🕟                                                               | NUMB                                                | ER EXTRA :                             | ٠.       | BASIC FEE                                                                         | •               | OR                   | BASIC FEE                                                                   | 894                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| OTAL CHARGEABLE CLAIMS                   |                                                                                                              | @ minus 20= *             |                                                                       | *                                                   |                                        | .*       | X\$ 9=                                                                            | िक्षंत्रीतिक    | OR                   | X\$18=                                                                      | A 55 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DEPENDENT CLAIMS                         |                                                                                                              | / minus 3 =               |                                                                       | *                                                   |                                        |          | X42=                                                                              | 14.6            | OR                   | X84=                                                                        | 4.36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ULTIPLE DEPENDENT CLAIM P                |                                                                                                              | RESENT                    |                                                                       |                                                     |                                        |          | +140=                                                                             | <del></del>     | OR                   | +280=                                                                       | e de<br>Partie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| the difference                           | in column 1 is                                                                                               | less than ze              | ero, ente                                                             | r "0" in c                                          | olumn 2                                |          | TOTAL                                                                             |                 | OR                   | TOTAL                                                                       | <i>Qa</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| not of                                   | LAIMS AS A                                                                                                   |                           |                                                                       |                                                     |                                        |          | IOIAL                                                                             | <u> </u>        | JON                  | OTHER                                                                       | THAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| حراما ال                                 | (Column 1)                                                                                                   |                           | (Colu                                                                 |                                                     | (Column 3)                             | _        | SMALL I                                                                           | ENTITY          | OR                   | SMALL                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                          | CLAIMS<br>REMAINING                                                                                          |                           | HIGH                                                                  |                                                     | PRESENT                                |          |                                                                                   | ADDI-           |                      |                                                                             | ADDI-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                          | AFTER                                                                                                        |                           | PREVI                                                                 |                                                     | EXTRA                                  | ŀ        | RATE                                                                              | TIONAL<br>FEE   |                      | RATE                                                                        | TIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Total                                    | * 20                                                                                                         | Minus                     | <b></b> 2                                                             | $\overline{\mathcal{D}}$                            | 3 '                                    | 1        | X\$ 9=\                                                                           | 122             | OR                   | X\$18=                                                                      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Independent                              | * 2                                                                                                          | Minus                     |                                                                       | 5                                                   | =                                      | 1        | X42=                                                                              |                 |                      | X84=                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FIRST PRESE                              | NTATION OF MI                                                                                                | JLTIPLE DE                | PENDEN                                                                | T CLAIM                                             |                                        | 1        |                                                                                   | $\overline{}$   | OR                   |                                                                             | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 5. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1 |                                                                                                              |                           |                                                                       |                                                     |                                        | 4        | -                                                                                 | · 1             |                      |                                                                             | <b>\</b> '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                          | MANAGER CO.                                                                                                  | in Mary                   |                                                                       | , 15 · · ·                                          |                                        | •<br>• : | +140=                                                                             |                 | OR                   | +280=                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                          |                                                                                                              | per ara aya               |                                                                       | , <u>(</u> * * * .                                  |                                        | •        | +140=<br>TOTAL<br>ADDIT, FEE                                                      |                 | 00                   | +280=<br>TOTAL<br>ADDIT. FEE                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                          | (Column 1)                                                                                                   | per una uya               | )<br>(Colu                                                            | mn 2)                                               | (Column 3)                             | •        | TOTAL                                                                             |                 | 00                   | TOTAL                                                                       | <b>)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                          | (Column 1)<br>CLAIMS                                                                                         | por uria aya              | :<br>(Colu                                                            | EST                                                 |                                        | •        | TOTAL<br>ADDIT. FEE                                                               | ADDI            | 00                   | TOTAL<br>ADDIT. FEE                                                         | ADDI-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                          | (Column 1) CLAIMS REMAINING AFTER                                                                            | por pravy                 | (Colu<br>HIGI<br>NUM<br>PREVI                                         | ÆST<br>BE <b>R</b><br>OUSLY                         | (Column 3) PRESENT EXTRA               | •        | TOTAL                                                                             | TIONAL          | 00                   | TOTAL                                                                       | ADDI-<br>TIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                          | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                                                                  |                           | (Colu<br>High<br>NUM<br>PREVI<br>PAID                                 | EST<br>BEA<br>OUSLY<br>FOR                          | PRESENT<br>EXTRA                       | •        | TOTAL ADDIT. FEE                                                                  |                 | OA                   | TOTAL<br>ADOIT. FEE                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Total                                    | (Column 1) CLAIMS REMAINING AFTER                                                                            | Minus<br>Minus            | (Colu<br>HIGI<br>NUM<br>PREVI                                         | ÆST<br>BE <b>R</b><br>OUSLY                         | PRESENT<br>EXTRA                       | •        | TOTAL<br>ADDIT. FEE<br>RATE<br>X\$ 9=                                             | TIONAL          | OR                   | TOTAL ADOIT. FEE  RATE  X\$18=                                              | ADDI-<br>TIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Total<br>Independent                     | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                                                                  | Minus<br>Minus            | (Colu<br>HIGI<br>NUN<br>PREVI<br>PAID                                 | IEST<br>IBER<br>OUSLY<br>FOR<br>20                  | PRESENT<br>EXTRA                       | •        | TOTAL ADDIT. FEE                                                                  | TIONAL          | OA                   | TOTAL<br>ADOIT. FEE                                                         | ADDI-<br>TIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Total<br>Independent                     | (Column 1) CLAIMS REMAINING AFTER AMENDMENT 20                                                               | Minus<br>Minus            | (Colu<br>HIGI<br>NUN<br>PREVI<br>PAID                                 | IEST<br>IBER<br>OUSLY<br>FOR<br>20                  | PRESENT<br>EXTRA                       | •        | TOTAL<br>ADDIT. FEE<br>RATE<br>X\$ 9=                                             | TIONAL          | OR                   | TOTAL ADOIT. FEE  RATE  X\$18=                                              | ADDI-<br>TIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Total<br>Independent                     | (Column 1) CLAIMS REMAINING AFTER AMENDMENT 20                                                               | Minus<br>Minus            | (Colu<br>HIGI<br>NUN<br>PREVI<br>PAID                                 | IEST<br>IBER<br>OUSLY<br>FOR<br>20                  | PRESENT<br>EXTRA                       |          | TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=  +140=  TOTAL                                | TIONAL          | OR<br>OR             | TOTAL ADOIT. FEE  RATE  X\$18=  X84=  +280=  TOTAL                          | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Total<br>Independent<br>FIRST PRESE      | (Column 1) CLAIMS REMAINING AFTER AMENDMENT  20 TATATION OF MI                                               | Minus<br>Minus            | (Colu<br>HIGI<br>NUM<br>PREVI<br>PAID                                 | EST<br>BEA<br>OUSLY<br>FOR<br>20                    | PRESENT EXTRA                          |          | TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=  +140=                                       | TIONAL          | OR<br>OR<br>OR       | TOTAL ADDIT. FEE  RATE  X\$18=  X84=  +280=                                 | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Total<br>Independent<br>FIRST PRESE      | (Column 1) CLAIMS REMAINING AFTER AMENDMENT 2 NTATION OF MI (Column 1) CLAIMS                                | Minus<br>Minus            | (Colu                                                                 | EST BEA OUSLY FOR  Z T CLAIM                        | PRESENT EXTRA                          |          | TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=  +140=  TOTAL                                | TIONAL<br>FEE   | OR<br>OR<br>OR       | TOTAL ADOIT. FEE  RATE  X\$18=  X84=  +280=  TOTAL                          | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Total<br>Independent<br>FIRST PRESE      | (Column 1) CLAIMS REMAINING AFTER AMENDMENT  2 NTATION OF MI (Column 1) CLAIMS REMAINING                     | Minus<br>Minus            | (Colu High PAID PENDENT                                               | EST BEA OUSLY FOR  CLAIM                            | PRESENT EXTRA  = (Column 3)            |          | TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=  +140=  TOTAL                                | TIONAL          | OR<br>OR<br>OR       | TOTAL ADOIT. FEE  RATE  X\$18=  X84=  +280=  TOTAL                          | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Total<br>Independent<br>FIRST PRESE      | (Column 1) CLAIMS REMAINING AFTER AMENDMENT 2 NTATION OF MI (Column 1) CLAIMS                                | Minus<br>Minus            | (Columbia) PREVIPAID PENDENT (Columbia) HIGH PREVIPAID PENDENT        | EST BEA OUSLY FOR  Z  CLAIM  mn 2) IEST BER         | PRESENT EXTRA                          |          | TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=  +140=  TOTAL ADDIT. FEE                     | TIONAL<br>FEE   | OR<br>OR<br>OR       | TOTAL ADDIT. FEE  RATE  X\$18=  X84=  +280=  TOTAL ADDIT. FEE               | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Total<br>Independent<br>FIRST PRESE      | (Column 1) CLAIMS REMAINING AFTER AMENDMENT  D  TATATION OF MI  (Column 1) CLAIMS REMAINING AFTER            | Minus<br>Minus            | (Columbia) PREVIPAID PENDENT (Columbia) HIGH PREVIPAID PENDENT        | MEST BEA OUSLY FOR  CLAIM  Mn 2) IEST BEA OUSLY     | PRESENT EXTRA  = (Column 3)            |          | TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=  +140=  TOTAL ADDIT. FEE                     | ADDI-<br>TIONAL | OR<br>OR<br>OR       | TOTAL ADDIT. FEE  RATE  X\$18=  X84=  +280=  TOTAL ADDIT. FEE               | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Total Independent FIRST PRESE            | (Column 1) CLAIMS REMAINING AFTER AMENDMENT  2 NTATION OF MI  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  4 | Minus JLTIPLE DEI         | (Colu High PAID  (Colu High NUM PAEVI PAID  (Colu High NUM PAEVI PAID | MEST BER OUSLY FOR  CLAIM  MO 2) HEST BER OUSLY FOR | PRESENT EXTRA  COlumn 3  PRESENT EXTRA |          | TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=  +140=  TOTAL ADDIT. FEE  RATE  RATE  X\$ 9= | ADDI-<br>TIONAL | OR<br>OR<br>OR<br>OR | TOTAL ADDIT. FEE  RATE  X\$18=  X84=  +280=  TOTAL ADDIT. FEE  RATE         | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Total Independent FIRST PRESE            | (Column 1) CLAIMS REMAINING AFTER AMENDMENT  2 NTATION OF MI  (Column 1) CLAIMS REMAINING AFTER AMENDMENT    | Minus JLTIPLE DEI         | (Colu High PAID  (Colu High NUM PAEVI PAID  (Colu High NUM PAEVI PAID | MEST BER OUSLY FOR  CLAIM  MO 2) HEST BER OUSLY FOR | PRESENT EXTRA  COlumn 3  PRESENT EXTRA |          | TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=  +140=  TOTAL ADDIT. FEE                     | ADDI-<br>TIONAL | OR<br>OR<br>OR       | TOTAL ADDIT. FEE  RATE  X\$18=  X84=  +280=  TOTAL ADDIT. FEE  RATE  X\$18= | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |